IN THE UNITED STATES DISTRICT COURT

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

FOR THE Southern DISTRICT OF TEXAS thouston DIVISION	United States Courts Southern District of Texas FILED
Ray Ervin Drews Jr #01570148 Plaintiff's Name and ID Number	APR 09 2019
· .	avid J. Bradley, Clerk of Court
Place of Confinement Houston Tx 77002	
CASE NO.	
(Clerk	will assign the number)
v.	•
Houston Police Department/1200 Travis St Houston, Tx, Defendant's Name and Address	
C.R. Meade Budge # 12981/1200 Travis St Houston, Tx. 7700 Defendant's Name and Address	
Defendant's Name and Address (DO NOT USE "ET AL.")	
INSTRUCTIONS - READ CAREFULLY	

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

- 1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
- 2. Your complaint must be <u>legibly</u> handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, <u>DO NOT USE THE REVERSE</u> SIDE OR BACK SIDE OF ANY PAGE. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
- 3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
- 4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND IN FORMA PAUPERIS (IFP)

- 1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of \$400.00.
- 2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed in forma pauperis. In this event you must complete the application to proceed in forma pauperis, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed in forma pauperis and the certificate of inmate trust account, also known as in forma pauperis data sheet, from the law library at your prison unit.
- 3. The Prison Litigation Reform Act of 1995 (PLRA) provides "...if a prisoner brings a civil action or files an appeal in forma pauperis, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed in forma pauperis, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding in forma pauperis.)
- 4. If you intend to seek in forma pauperis status, do not send your complaint without an application to proceed in forma pauperis and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PRI

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PREVIOUS LAWSUITS:
A. Have you filed any other lawsuit in state or federal court relating to your imprisonment? XYES_NO
 B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.) 1. Approximate date of filing lawsuit: 2-28-20/9
2. Parties to previous lawsuit:
Plaintiff(s) Ray Envir Drews #01570148
Plaintiff(s) Ray Envir Drews # 01570148 Defendant(s) Harris County Sher: A Department / ED Gonzales
3. Court: (If federal, name the district; if state, name the county.) Southern District
4. Cause number: 4:19 - CV - OO 849
5. Name of judge to whom case was assigned: Kennth M. Hoyt
6. Disposition: (Was the case dismissed, appealed, still pending?) Still pending
7. Approximate date of disposition: $3-18-2019$
PLACE OF PRESENT CONFINEMENT: Hamis County Jail / 701 North San Jancinto
Houston Tx 77002

111.	EXHAUSTION OF GRIEVANCE PROCEDURES:			
	Have you exhausted all steps of the institutional grievance procedure?YES \(\sum_NO \)			
	Attach a copy of your final step of the grievance procedure with the response supplied by the institution.			
IV.	PARTIES TO THIS SUIT:			
	A. Name and address of plaintiff: Ray Ervin Drews Jr #01570148 Pol North San Jancinto Houston The 27002			
	701 North San Jancinto Houston The 77002			
	B. Full name of each defendant, his official position, his place of employment, and his full mailing address.			
	Defendant#1: Houston Police Department			
	1200 Travis St Houston Tx 77002			
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.			
	Employing Incompentant officers using unsafe Act / Excisise use of Fore			
	Defendant #2: C.R. Meade Badge # 129981			
	Defendant #2:			
	1200 Travis St Houston Tx 77002			
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.			
	Excissive Use of Force Junsate Acts Causing Mental Thysical Inguns			
	Defendant #3:			
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.			
	Defendant#4:			
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.			
	Defendant #5:			
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.			

V. STATEMENT OF CLAIM:

when did it happen, and who was involved. Describe how <u>each</u> defendant is i	
legal arguments or cite any cases or statutes. If you intend to allege a number	er of related claims, number and
set forth each claim in a separate paragraph. Attach extra pages if necessary, be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE	
COMPLAINT.	SOOKI MATI STIMILE TOOK
ON 1-8-2019 Harston Police Department & Officer C	- R. Mende Bodg - # 129981
About 1030 At Magnelia INN 16945 East Fuy Apt	120 HOUSTON LX 77530
P. R. Meade Knowingly caused tuse unsafe act of	Excission Force ON
Kay Ervis Drews Sitt 01570148 By Kicking him is	v face with Bost As the
was ordered to Remove Ligarette from mouth Ray Ervin	Drews Fr was already
tace down cutted By other officers Causing	igerate To Burst Ho
Face down, cutted By other officers Causing C Ashes Into Eyes Face & Nose Also causing Errs tofficer C.R. Meade 129981 Had To Rene	g Front Tooth To Broke
Erms Tofficer (. K. Mealle 129981 Acol 10 Kent	Her Hill (& Nay
Ervin Drews Dr# 0/500148	
DELIEF.	
RELIEF:	-1 4 - 0'4
State briefly exactly what you want the court to do for you. Make no leg statutes.	al arguments. Cite no cases or
	F WD
Court Appointed Lawyer To Help Represent Him In Retrieving on Montal & Physical Insury / countrast / medical Bills	g tinancial langes
on Mental Thy Sical INTUTY / COUNT COST / medical Difls	
GENERAL BACKGROUND INFORMATION:	
A. State, in complete form, all names you have ever used or been known by	v including any and all aliases.
P. List all TDCLCID identification numbers you have ever been assigned an	d all other state or federal prison
B. List all TDCJ-CID identification numbers you have ever been assigned an or FBI numbers ever assigned to you.	-
SANCTIONS:	a
A. Have you been sanctioned by any court as a result of any lawsuit you ha	
B. If your answer is "yes," give the following information for every lar imposed. (If more than one, use another piece of paper and answer the second	ame questions.)
1. Court that imposed sanctions (if federal, give the district and division):	Southern Vistaict
2. Case number: 9 - 17 - C + C + C + C + C + C + C + C + C + C	
3. Approximate date sanctions were imposed: 3-28-2019	·

VI.

VII.

VIII.

4. Have the sanctions been lifted or otherwise satisfied?

___YES _XNO

c.	C. Has any court ever warned or notified you that sanctions could be	e imposed?	YES_	_NO	
D.	D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)				
	 Court that issued warning (if federal, give the district and divis Case number: 4:19-CV-00849 Approximate date warning was issued: March 1841201 		n Distric	<u>=t</u>	
Executed		Ewin Drews (Signature of Plainti	rews In	 ol\$7014 <u>10148</u>	

PLAINTIFF'S DECLARATIONS

- 1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
- 2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
- 3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
- 4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
- 5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this	(Day)	day of(month)	, 20 <u>/ ?</u> (year)	
			Ray Ervin Drews Ray Envin Drews (Signature of Plaintiff)	5-01570148 3-01570148

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

HARRIS COUNTY SHERIFF'S OFFICE JAIL

Name: AAA ORE WS

SPN: OLE 7 0148 Cell: E-S-1

Street 701 No Sand Sandainte

HOUSTON, TEXAS 77002

ACCOUNTY SHERIFF'S OFFICE JAIL

COUNTY SHERIFF'S OFFICE JAIL

SPN: OLE 701 No Sandainte

COUNTY SHERIFF'S OFFICE JAIL

SPN: OLE 701 No Sandainte

COUNTY STANDAINTE

COUNTY SHERIFF'S OFFICE JAIL

SPN: OLE 701 No Sandainte

COUNTY STANDAINTE

COUNTY STANDAINT

U.S. POSTAGE >> PITNEY BOWES

NDIGENT

Herk Of Court US. District Court Po. Box 5/010 Howston, Tx. 7777